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South Portland Police Services Review Working Group

# Report of Findings and Recommendations

February 12, 2021

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Prepared by Craig Freshley, Working Group Facilitator

**Good Group Decisions**

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# Introduction

## Background

In the late Spring of 2020, after the tragic death of George Floyd at the hands of the Minneapolis, MN Police Department, protests erupted across the United States with calls for police reform at the heart of the protestors' demands. In South Portland, many residents attended scheduled City Council budget workshops and/or made phone calls or emails to City officials demanding change, including "defunding" the City's Police Department.

In the wake of this civil unrest, the Council passed a resolution condemning racism, voted to remove \$25,000 from the Police Department's overtime budget and allocate it to a soon-to-be-formed Human Rights Commission, and joined the Portland Regional Chamber of Commerce's pledge to "Stand in Solidarity".

Further, on September 15, 2020, City Council passed Order #63-20/21 to create an ad hoc Police Services Review Working Group (PSRWG).

## Charge

Our purpose is to present the South Portland City Council with recommendations as to whether there should be changes to how certain calls for service are responded to by the City of South Portland.

As part of its duties, the Working Group shall:

- First answer the following question before embarking on other duties: "There is a perception that some calls for service are escalated into a worse situation due to the response of a uniformed, armed police officer, and that these scenarios could be handled more appropriately by different personnel, such as a social worker. Is there evidence in South Portland that these types of calls result in an escalated response and that the individual(s) in need of assistance do not receive such assistance?" (The Working Group should reach consensus as to what defines an "escalated response".) Statistics and examples should be used to help answer this question. The response to this question, along with other considerations (i.e., cost savings, relief on stress to police officers, and resident health and welfare) shall serve as the basis for undertaking the following duties:
  - Research other models of providing a response to certain calls for service that either may not require the presence of a police officer or involve both a police officer and other professional, such as a social worker.
  - Evaluate whether these other models would be beneficial and/or necessary in South Portland.
    - If so, provide a recommendation to the City Council. This recommendation should include a review of all options studied; the problem identified in South Portland that is intended to be addressed; the selected option and how it will

address the problem identified as existing in South Portland; and an estimate of the associated costs to implement such a program. The recommendation should also provide a measurable outcome(s) for the City to track so that it can evaluate the effectiveness of this new program in addressing the stated problem.

- If not, provide a review of all options studied and explain why the Working Group believes a problem does not exist or is not likely to exist in South Portland that would necessitate the implementation of such a model.

## Members

- Aaron Amede, Resident
- Kathleen Babeu, Social Services Director
- Dana Baldwin, Behavior Health Liaison
- April Caricchio, Councilor
- Greg L'Heureux, Finance Director
- Margarita Salguero-Macklin, Resident
- Timothy Sheehan, Police Chief
- Pedro Vazquez, Resident
- James Wilson, Fire Chief
- Craig Freshley, Facilitator

## Meeting Schedule

Meeting	Date	Tasks
ONE	October 21, 2020	Select facilitator
TWO	November 17, 2020	Guidelines. Define Escalation.
THREE	December 3, 2020	Look at data and stories for evidence.
FOUR	December 10, 2020	More data and stories to define the problem.
FIVE	December 17, 2020	Beginning to explore solutions.
SIX	January 7, 2021	Begin to craft our recommendation.
SEVEN	January 14, 2021	Hone in on recommendation.
EIGHT	January 27, 2021	Finalize recommendation and report outline.
COUNCIL	February 16, 2020	Presentation to City Council

## Supporting Documents at the PSRWG Website

All of the Working Group's Meeting Agendas and Minutes can be found at this website:

<https://www.southportland.org/our-city/board-and-committees/police-services-review-working-group/>

Video recordings of all meetings are also available there.

The following documents are also posted at the PSRWG Website:

1. City Council Order that established the Working Group
2. Project Outline
3. Facilitator Duties
4. Working Group Operating Guidelines
5. South Portland Police Department Slide Presentation
6. CAHOOTS Slide Presentation
7. South Portland Social Service Partners – A 5-page List
8. Reforms Toward Community Policing – Summer Intern Research

## Findings

We were asked to define escalation and then determine if escalation has happened when South Portland Police have responded to calls for service. We were also asked to determine if people in need of assistance were receiving it as a result of calling the police. And we were asked to look into alternative models for how crisis calls might be handled other than a response from a uniformed, armed police officer.

## Definitions

### Escalation

Here's how we chose to define "escalated response":

An "escalated response" is a civil situation that turns unnecessarily contentious for the mere presence of someone or something (such as the showing up of a South Portland armed, uniformed Police officer) that brings some level of trauma, anxiety, or intimidation to a person suffering or in crisis.

### The Problem

Note how "the problem" is used in this sentence from our charge:

*This recommendation should include a review of all options studied; **the problem identified** in South Portland that is intended to be addressed; the selected option and how it will address **the problem identified** as existing in South Portland; and an estimate of the associated costs to implement such a program.*

We had several discussions to "identify the problem" and in the end, came to unanimous consent on the following:

- Intended or not, there are instances of escalation when South Portland uniformed officers respond to calls.
  - Based on the data provided and information available, we have seen no evidence that South Portland police officers deliberately escalate situations and no evidence of inappropriate shows of force.
  - Sometimes the escalation is due to mismatched deployment due to lack of resources.
  - Sometimes the escalation is due to the prior experiences and/or the emotional state of the participants involved (as is the case with all human interactions).

- It's not reasonable to expect the Police Officers to respond to every social service call. There might not be so much escalation if professionals other than uniformed police didn't respond to every call.
- Needs for crisis response are likely to increase in the face of decreasing support for social services and lack of financial resources among residents.
- There is a significant need right now to help growing numbers of people who are homeless and people who have substance use and/or mental health challenges.

Our recommendations are designed to address this problem, stated above.

## What We Learned

In the course of our discussions, we learned the following:

1. Many crises go unreported. We know that many people are afraid to call the police. We know that people have good personal reasons for not calling the police.
2. Many people have an immediate bad and fearful reaction to a uniformed, armed police officer. This is fear-based tension is a contributing factor to escalation. We heard stories.
3. We heard that on the local and national level, 911 calls are made by white people about black people for no reason other than the color of their skin. However, locally the race of 911 callers is not clarified or recorded so it's a challenge to concretely demonstrate patterns of racial bias.
4. Police call logs are available for the public to see. We reviewed a lot of call logs and discussed specific cases with the Police Chief.
5. Anyone whoever sees or experiences what they believe to be inappropriate use of force or inappropriate behavior on behalf of a police officer, file a complaint. The Chief wants to know about it.
6. The Police Department has a Body Camera program and is happy to review video footage of any incident about which someone might have a concern.
7. South Portland police officers are well-trained in de-escalation techniques and welcome partnerships with social service providers to get people the assistance they need.
8. Only police officers, judges, and doctors can involuntarily commit a person to a health institution.

9. Our homeless population has increased in part due to limited access to shelters in Portland. Currently if an individual presents homeless to Portland General Assistance or the Family Shelter on Chestnut Street, temporary lodging may be secured in a South Portland hotel.
10. Many residents already have financial difficulty and due to COVID are experiencing severe financial restraints. General Assistance requests are on the increase.

## Resources

As we gathered information to fill our charge, we learned of many resources currently available to assist people most vulnerable to crisis. Here are some highlights.

### City of South Portland

#### **Police Department**

The Police Department provides crisis assistance to people in need in two primary ways, and in several indirect ways also.

First, each police officer is trained to assess and assist. We heard many stories of people receiving assistance directly from police officers; generally an officer putting them directly in connection with social services. We also heard stories of officers showing respect and helpfulness to those they serve.

The Police Department has completed the IACP One Mind Campaign Pledge (1 of only 3 police agencies in the State of Maine and the 1st agency completed). Additionally, every South Portland police officer has received Mental Health First Aid and the 5-day Crisis Intervention Team (CIT) training/certification which instills verbal de-escalation techniques to avoid physical altercations and assist those afflicted with mental health issues, substance use disorder, and co-occurring disorders with getting the treatment necessary to improve their life rather than an introduction to the harsh and unnecessary judicial and correctional system.

Second, the Police Department employs a Behavioral Health Liaison: A trained mental health and substance abuse worker embedded in the police department, able to provide intervention, education, outreach, and case management. The Liaison functions independently and act as a connection between South Portland residents and treatment services or facilities, represents the Police Department in multiple settings, and coordinates the Police Department's Peer Support program.

The Police Department is funded by the City.

## **Fire Department**

For six weeks in the Fall of 2020, the South Portland Fire Department was able to run a Community Paramedic Program whereby paramedics visited the homeless population during scheduled time periods at area hotels. While on site, they engaged them. While in contact they assessed and treated any minor ailments as well as provided education and resources they might have needed. This engagement resulted in a reduced need for Fire, EMS, and Police responses during the period of the grant.

The Fire Department personnel are often on the front lines of crisis response and like the police, are well-trained to assess and assist people in need.

This initiative was supported by funding from the Keep Maine Healthy program.

## **Social Services**

The City of South Portland Social Service department offers a General Assistance (GA) program to assist eligible residents with basic necessities who are unable to provide for their household. The program provides confidential financial assistance to South Portland residents who are having difficulty meeting basic needs for shelter, food, non-food fuel, utility payments and medical expenses. It's designed to be the program of "last resort." The Department works with clients to self-sustain, utilizing a myriad of social services within Cumberland County.

The program is funded by local property taxes with 70% reimbursement from the state.

## Local Organizations

### **The HOME Team**

Currently contracted by the City of Portland, the HOME Team provides transportation, crisis intervention, and health care for homeless Mainers. The Homeless Outreach and Mobile Engagement Team, better known as the HOME Team, is a program of Milestone Recovery.

Working collaboratively with the Portland Police Department, Portland Fire Department, local businesses, and social service partner agencies, the HOME Team travels the community twelve hours a day, six days a week seeking out individuals experiencing homelessness as well as mental, physical, and behavioral health challenges. HOME Team staff members engage impacted individuals, in order to de-escalate dangerous situations, and provide referral and transportation to medical care, emergency shelter programs, and/or social service providers.

The HOME Team operates Monday through Saturday from 9am to 9pm.

## **Amistad**

Here's their mission statement:

*We help those with mental illness, substance use disorder, chronic homelessness, and related issues to recover and lead healthy lives.*

*We do this by fostering community among our members, by seeking to expand our peer services to reach more people in need, by advocating for more and better healthcare availability, and through our belief in the inherent potential of each individual and our respect for a meaningful consumer voice.*

Amistad's Peer Coaches work with people who have been identified as needing extra support – these individuals are homeless, have been in the hospital or Emergency Department frequently, are very well known to police, and have been banned from services by other providers because of their symptoms or threatening behaviors. Peer Coaches themselves identify as individuals with lived experience of mental illness or substance use. and have achieved remarkable results.

## **Hospitals and Other Resources**

Northern Light and MaineHealth provide Emergency Department services among many others. The City of Portland has a Patient Navigator in the Public Health Division whose job it is to connect clients to services.

At the PSRWG Website is a document called South Portland Social Service Partners. It's a 5-page list of area resources.

## [The State of Maine](#)

### **Intensive Case Managers**

DHHS has established a network of 20 Intensive Case Managers (ICMs) across the state to serve as a resource for law enforcement to make mental health referrals. ICMs will then connect clients with appropriate resources.

ICMs have been working in all the county jails and they are now accepting community-based referrals, including ones directly from law enforcement. The target population is underserved adult clients with mental illness in the community who are at risk of arrest or incarceration. One of the goals of the program is to lessen multiple police responses involving the same persons and reduce those situations that may lead to arrest or incarceration.

This is a brand-new program and is now active.

## **Regional Critical Care Center**

DHHS is launching an expansion of crisis services in the Greater Portland Area and is contracting with The Opportunity Alliance to establish and run a Regional Crisis Center. The project is currently being planned.

The intention and expectations for this expanded service is that there will be to have "No Wrong Door." Individuals seeking service will be welcomed regardless of referral or payor source. Programming at the Center will support both transitional-age youth and adult individuals who would benefit from a supportive environment and rapid assessment to identify ongoing needs. Children in crisis who are brought to the center will be connected with a dedicated children's service provider. Because they may experience various co-occurring issues such as MH diagnosis, SUD, DD/ ID, etc.

This expansion of crisis services will be designed to include as a walk-in respite center for individuals in crisis offering a safe and secure home-like environment, and will be staffed 24 hours a day, seven days a week, 365 days a year by a team of multidisciplinary professionals and peers with similar experiences. All staff are trained in trauma-informed care and culturally competent crisis services. Clients will collaborate with peers and professionals for triage, assessment, stabilization, and support. The center will offer Outpatient Chairs available for individuals who require short-term, (up to 23 hours) observation, stabilization, and support. There will be Crisis Stabilization Beds (within the crisis continuum) which will be designated as a place for the Outpatient Chairs to refer. Temporary Outpatient Services will be available to individuals at the center until an appointment can be secured with a community provider. The center will be expected to do referrals and ensure continuity of care.

Thanks to Kathryn Temple, Mental Health Division Manager, DHHS for providing the above details.

## Alternative Response Models

### **CAHOOTS**

CAHOOTS stands for Crisis Assistance Helping Out On The Streets and it is widely regarded as the leading national model to provide mental health first response for crises involving mental illness, homelessness, and addiction. Based in Eugene, Oregon, the program mobilizes two-person teams consisting of a medic (a nurse, paramedic, or EMT) and a crisis worker who has substantial training and experience in the mental health field. The CAHOOTS teams deal with a wide range of mental health-related crises, including conflict resolution, welfare checks, substance abuse, suicide threats, and more, relying on trauma-informed de-escalation and harm reduction techniques.

CAHOOTS costs \$2.1m annually (relative to \$90m police budget in Eugene). Calls that CAHOOTS addresses result in fewer police calls and a savings of \$8.5m annually. CAHOOTS is getting national attention with a potential act of Congress

### **Many Others**

Several other cities in the country are reviewing or piloting the CAHOOTS model or ones similar. In the summer of 2020, a City of South Portland summer intern assembled a document called Reforms Toward Community Policing. It's a list of approaches from across the country and is available at the PSRWG Website.

## Recommendations

To reduce the number of crisis response calls that result in any type of escalation, we believe that a two-pronged approach is required, with these **two objectives**.

1. Reduce the number of crises needing a Police response.
2. Continually improve methods of response to minimize chances of escalation when the Police are called.

Our recommendation contains **six strategies** of three types. As a whole these strategies are designed to achieve the objectives.

### A. Get people the help they need

- 1. Contracted Mobile Crisis Services**
- 2. Fire Department Community Paramedics**

### B. Continuous police improvement

- 3. Continuous Police Training**
- 4. Alternative Response Pilot**

### C. Awareness and education

- 5. More Awareness of Available Services**
- 6. Continuing Community Conversation about Racism**

Some of these strategies are designed to help prevent crisis calls from being needed in the first place. We are calling for an investment in prevention.

Some of the strategies are designed to divert people from the criminal justice system or from the emergency healthcare system and into the social services system.

And some of these strategies are designed to minimize chances of escalation in those cases when police are called to a crisis.

We know that the City faces significant financial challenges and so all our recommendations are made to the extent that there is available funding. We are recommending a variety of approaches requiring different levels of funding potentially available from different sources.

While we were not charged to identify funding sources, several prospects surfaced in our discussions. We encourage the City to be opportunistic and pursue funding available for any and all of these approaches.

- Community Development Block Grant (CDBG)
- COVID-19 Economic Relief
- Grants from private donors and community residents and businesses
- Hospitals that benefit from reduced Emergency Department visits

Lastly, although some of recommendations call for activities outside the Police Department this should not be taken as an indictment or criticism of our Police Department. Due to reasons largely unrelated to current behaviors and practices of our Police Department, some people in crisis are afraid to engage the police. It is in everyone's best interests – the person in crisis, the police department, and the City – if people in crisis have additional easy-access pathways to getting their needs met.

## A. Get People the Help They Need

### 1. Contracted Mobile Crisis Services

We recommend that the City contract with one or more existing local providers such as Amistad or The HOME Team. Each of these organizations has substance abuse and behavioral health professionals on staff and would be able to answer calls anywhere in the South Portland area during daytime hours. They are each proactive with engagement, providing food, and transportation and referral to medical care, emergency shelter programs, and/or social service providers. They provide an alternative option to both emergency rooms and incarceration.

If South Portland contracted with one of these providers they could be called directly by clients, business owners, social service partners, and police officers working the street. We would publicize widely that these services are available and the general public would be encouraged to call them directly.

Having this service available is highly likely to divert crises from the police to social services: someone in the general public seeing someone in need and knowing there's an alternative to calling 911. There are many stories of people who are afraid to engage the police, for whatever reason, so they don't want to call 911 even though they may be in crisis. This would provide a way for such people to reach out and receive services.

We have not gathered enough information to recommend a particular provider. We think it's important that whoever is chosen can provide a broad array of services and would be able to provide 24/7 services in the future if we were able to secure funding. We recommend a bid process with criteria and selection influenced by a multi-stakeholder group.

We recommend that the service provider contract is overseen by the City's Public Health Department or Social Services Department, rather than the Police Department. This is critical for people who might be afraid to call a service associated with the police.

We estimate this approach to cost \$90k-\$180k/year.

## 2. Fire Department Community Paramedics

Supported by funding from the Keep Maine Healthy program, the Fire Department was able to administer a quasi-Community Paramedic Program that ran for 6 weeks in the fall. We recommend restarting this program as funding allows. It is particularly helpful while in the grip of the COVID pandemic and may become less critical post-pandemic.

City paramedics visited the homeless population during scheduled time periods at area hotels. While on site, they engaged them. While in contact they assessed and treated any minor ailments as well as provide education and resources they might have needed. This engagement resulted in a reduced need for Fire, EMS, and Police responses during the period of the grant.

We estimate that to run this service 2 days a week would cost about \$50k/year once established.

Services could be offered on an even more limited basis if limited funding was available.

## B. Continuous Police Improvement

### 3. Continuous Training for Police

South Portland Police Officers are among the best in the state equipped to deal with mental and behavioral health issues. Every officer has received de-escalation training and mental health first aid. Yet there is always room for improvement and new techniques are always evolving.

We recommend that the Police Department continue to invest in training and development to remain the best in the state at dealing with substance abuse and mental health issues. We further recommend that the Police Department engage the services of a training professional such as Matt Page-Sheldon.

Mr. Page-Shelton is a recognized subject matter expert on collaboration with law enforcement through initiatives and programming to provide outreach and emergent services to those suffering with SUD, Co-occurring Disorder, and mental health issues. He is the program director of one of the largest and most successful programs in the State of Massachusetts known as the

Front-Line Initiative. Mr. Sheldon has offered to design and deliver training estimated to take 20 hours/week of his time for 6 weeks.

We estimate the cost of this training to be \$9,900.

#### 4. Alternative Response Pilot

We recommend that the Police Department continue to pursue the Collaborative Alternative Response Team Pilot that it recently established in combination with the Behavioral Health Unit of Portland Police Department, with the current Police Department Behavioral Health Liaison, and with a contracted employee that Portland has from the Opportunity Alliance.

The Pilot will incorporate the 4 behavioral health civilian staff housed at the Portland Police Department (3 Portland Police Department personnel and 1 funded through the Opportunity Alliance) and South Portland Police Department's Behavioral Health Liaison.

Teams of two civilians each will be scheduled to respond during hours of the Pilot Project's operations. A triage policy (and related training) will be created for communication and sworn staff to determine which calls-for-service would be better suited for social service/behavioral health personnel rather than armed uniformed police officers. Of course, any of the civilian responders have the option to call for police assistance if they observe violent/criminal behavior or they become or feel unsafe at a call.

We estimate this option to cost \$0 to start because it makes use of existing resources.

If the pilot demonstrates an improvement of services to our target populations, the City may wish to allocate resources for additional staffing of the Alternative Response Approach.

### C. Awareness and Education

#### 5. More Awareness of Available Services

The more people are aware of ways to prevent and address crises other than calling 911, the fewer calls there will be to 911. Many resources exist in and near our city to help people in need. In addition to investing in new resources, let's maximize use of the resources already existing. See *South Portland Social Service Partners – A 5-page List* at the PSRWG Website.

We recommend that the City and area nonprofits ramp up public awareness campaigns to direct people to appropriate social services.

We estimate \$0 significant direct costs for this strategy.

## 6. Continuing Community Conversation about Racism

We recommend that a regular conversation about race be institutionalized in our City. We are hoping that an area nonprofit will serve as the convener and we are hopeful that the discussion would be professionally facilitated.

Perhaps monthly or quarterly, we're imagining a conversation in a place that is welcoming to all and where all voices are encouraged. Deliberate outreach and encouragement to participate should be directed towards homeless and people with substance use and mental health issues. Representatives from the Police Department and Social Services Departments should participate.

The primary purpose should be to understand different perspectives based on race, discuss how to improve understanding across racial divides, and to clarify misinformation or assumptions.

We estimate \$0 significant direct costs for this strategy.

## Outcome Measures

As part of our charge, we were sked to provide a measurable outcome(s) for the City to track so that it can evaluate the effectiveness of this new program in addressing the stated problem.

After discussion there was unanimous consent to recommend the following outcome measures:

1. Volume of behavioral health calls handled by the Police Department before and after the new program.
2. Success in actually helping service recipients.
  - a. Follow up interviews or feedback from service recipients.
  - b. Ask the mobile crisis service providers to evaluate their own performance and provide the City with result.
  - c. For City programs, track number of contacts. Increases indicate growing trust.

The Police Department should take responsibility for #1 and whichever city department oversees the mobile crisis services contact should take responsibility for #2, above.

The City should explore how other communities (and programs such as CAHOOTS) measure outcomes in similar situations.